



STATE OF INDIANA

Mitchell E. Daniels, Jr., Governor

R. Scott Waddell, Commissioner

MECHANIC'S OR STORAGE LIEN TITLE APPLICATION CHECKLIST

Mechanic's and Storage Lien title applications processed by BMV Central Office Title Processing to improve the security and efficiency of these transactions. Prior to submitting each application verify all required information is included. Contact (888) 692-6841 with any questions.

An applicant who has purchased a vehicle in accordance with Indiana Code §9-22-5 must include the following paperwork to apply for certificate of title:

- ☐ Completed and signed Application for Certificate of Title – State Form 44049
- ☐ Sales Certificate Mechanic's/Storage Lien Bill of Sale- State Form 23104
- ☐ Certificate from a newspaper of general circulation verifying the vehicle was advertised for sale at public auction
- ☐ Physical Inspection of a Vehicle – State Form 39530. Must be completed by a law enforcement officer.
- ☐ Odometer Disclosure Statement – State Form 43230 (All trailers and motor vehicles over 16,000 lbs exempt.) Mileage will be branded "Not Actual".
- ☐ Lien release, if necessary. A certified letter to the lien holder may serve as proof of lien release, if applicable.
- ☐ Proof of Indiana Residency. Examples include an Indiana driver's license or ID card, utility bill dated within the past sixty (60) days, USPS change of address confirmation, or W-2. Visit mybm.com for a complete list of acceptable documents.
- ☐ \$15 title application fee and 7% sales tax (if applicable). Payable by credit card (MasterCard or Visa), check, electronic check, or money order. A \$21.00 delinquent fee will be assessed on packets received 31 days after the purchase date listed on State Form 23104. Sales tax is 7% of the purchase price listed on State Form 23104. If the lien holder takes ownership, 7% sales tax is assessed on the advertised price.

If the Bureau of Motor Vehicles determines that sufficient credible evidence exists to substantiate the applicant's claim of ownership, a title will be issued. For your convenience, the required forms are included with this checklist. The forms are also available at myBMV.com. Mail the completed packet to:

**Central Office Title Processing
100 North Senate Avenue, Room N411
Indianapolis, IN 46204**

Note: Include this checklist on the top of your application with contact information provided below. If all required documents are not submitted or information is incomplete the entire application will be returned.

Print Name _____

Phone Number _____ Email (optional) _____

APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES

State Form 44049 (R4 / 3-02)

Approved by State Board of Accounts 2002

TO BE COMPLETED BY A POLICE OFFICER, BMV OFFICIAL OR BMV CERTIFIED DEALER SIGNED FOR OUT OF STATE TITLES. I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING VEHICLE AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS.										I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FURTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION.														
VEHICLE IDENTIFICATION NUMBER																								
YR.	MAKE				MODEL				TYPE				DATE				X _____							
INSPECTOR'S PRINTED NAME & TITLE										CITY										X _____				
INSPECTOR'S SIGNATURE										BADGE, BRANCH OR DEALER PLATE NO.				DATE: _____										
														The law requires that you apply for Certificate of Title within thirty-one days from the date of purchase of a motor vehicle. There is a delinquent fee for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. *In accordance with Federal Code 383.										
1.	TITLE NUMBER				BRANCH NO.		INVOICE NO.				BMV USE ONLY													
2.	*SOC. SEC./FEDERAL I.D.NO.				APPLICANT'S NAME												BMV USE ONLY							
3.	STREET ADDRESS								CITY				STATE				ZIP CODE							
4.	VEHICLE I.D. NUMBER						VEH. YEAR		VEH. MAKE		VEH. MODEL NO.		VEH TYPE		ODOMETER									
5.	FORMER TITLE NUMBER				PURCHASE DATE				LIEN		SPEED		PICK UP		MAIL		DEALER NO.		BMV USE ONLY					
6.	FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS												STREET ADDRESS											
7.	CITY				STATE		ZIP CODE				BMV USE ONLY													
8.	SECOND LIEN'S NAME												STREET ADDRESS											
9.	CITY				STATE		ZIP CODE				LICENSE NUMBER		LICENSE YEAR		FORMS USED		BMV USE ONLY							
GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW.																								
10.	SELLING PRICE				LESS TRADE-IN *				AMOUNT SUBJECT TO TAX				AMOUNT OF TAX				DEALER		BRANCH		EXEMPT		IF EXEMPT PLACE PARA.#	
	\$				\$				\$				\$											

*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is mandatory and this document cannot be processed without it.

APPLICANT RESPONSIBLE FOR ACCURACY OF INFORMATION**APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES****BUREAU - TO BE MAILED WITH TITLE REPORT**



SALES CERTIFICATE
Mechanic's / Storage Lien Bill of Sale
State Form 23104 (R3 / 12-10)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
100 North Senate Avenue, N411
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. An applicant who has purchased a vehicle in accordance with Indiana Code §9-22-5 must present the below form to obtain a certificate of title.
 2. Please complete in blue or black ink.
 3. A certificate or affidavit of publication from the newspaper verifying the vehicle was advertised for sale at public auction must be included with this Bill of Sale. The vehicle may not be sold before fifteen (15) days after the date of the advertisement.
 4. The certificate of title to the vehicle should be included, if available.
 5. Include a lien release, if necessary.
 6. A VIN inspection completed by law enforcement is required.
 7. Include an Odometer Disclosure Statement, if applicable.
 8. Include proof of sales tax collection, if applicable.

SELLER INFORMATION

Seller's Name (last, first, middle initial or company name)

Seller's Legal Address (number and street)

City

State

ZIP Code

VEHICLE INFORMATION

Owner(s) Name (last, first, middle initial or company name)

Owner(s) Last Known Address

City

State

ZIP Code

Vehicle Identification Number

Vehicle
Year

Vehicle Make

Vehicle Model

Vehicle
Type

Vehicle Color

License Plate
Number

LIEN INFORMATION

Eligible Lien (please select):

- ☐ Labor, Materials, Storage, or Repair Work Lien (Mechanic's lien)
☐ Abandoned Vehicle Lien

The charges and costs against the vehicle are as follows:

Repair Work –
Labor
\$

Materials
\$

Storage
\$

TOTAL
\$

Date Vehicle Left in Seller's Custody (month, day, year)

Newspaper Name

Advertisement Date (mm/dd/yyyy)

The Seller, under penalty of perjury, deposes and says the former owner as indicated above requested that the above described vehicle be repaired or stored or the vehicle has been abandoned. The vehicle was left in the seller's custody and the owner failed or refused to claim the vehicle within thirty (30) days. Said owner was notified by certified mail that the vehicle described herein would be sold at public auction to satisfy the above mentioned charges and vehicle was advertised for sale at public auction.

Signature of Seller

Printed Name

Date Signed (mm/dd/yyyy)

PURCHASER INFORMATION

Purchaser's Name (last, first, middle initial or company name)

Purchaser's Legal Address (number and street)

City

State

ZIP Code

Date of Sale (mm/dd/yyyy)

Purchase Price
\$

Public Auction House Name

Public Auction House Address (number and street, city, state, ZIP)

I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.

Signature of Purchaser

Printed Name

Date Signed (mm/dd/yyyy)



PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11)

Approved by State Board of Accounts, 2011

INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Approved inspector must complete information in blue or black ink or print form.
 2. The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.
 3. Inspections may be performed by an employee of a dealer designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.
 4. Police officers completing this form may not charge a fee of more than \$5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.
 5. Dealers may not perform watercraft inspections.

OWNER INFORMATION

Name (last, first, middle initial or company name)

Address (number and street)

City

State

ZIP Code

VEHICLE OR WATERCRAFT INFORMATION

Identification Number

☐ **NONE** (select if no identification number found)

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Year	Make	Model	Type	Plate Number / State	Watercraft Registration Number, if applicable
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For assembled vehicles or watercraft include serial numbers for major component parts if present:

Engine / Motor

Transmission

Body Chassis

Front Assembly

Rear Clip

Frame

Other (specify):

*IDACS / NCIC Check (required if form is completed by a police officer)

Date Check Performed (mm/dd/yyyy)

Comments

I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.

Signature of Inspector

Printed Name

Title

Date (mm/dd/yyyy)

Badge / Branch / Dealer Number

Police Department / Branch / Dealership

City

ZIP Code

Telephone Number

()

Email Address



ODOMETER DISCLOSURE STATEMENT

State Form 43230 (R / 2-97)

STATE OF INDIANA

BUREAU OF MOTOR VEHICLES

We, the undersigned, swear of affirm that the information entered on this form is correct. We understand that a false statement may constitute the crime of perjury.

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines, imprisonment, or both.

I, _____ residing at _____

PRINTED NAME OF SELLER(S)

_____ certify to the best of my knowledge

ADDRESS OF SELLER

that the odometer reading is the actual mileage of the vehicle described below unless one of the following statements is checked:

Miles (no tenths)

☐ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ 2. I hereby certify that the odometer reading is **NOT** the actual mileage.

WARNING - ODOMETER DISCREPANCY.

Vehicle make

Vehicle year

Vehicle identification number (VIN)

I will not hold the Commissioner of the Bureau of Motor Vehicles, employees of the Bureau of Motor Vehicles, License Branches or their employees in the State of Indiana responsible for any discrepancy shown on the odometer reading.

Signature of seller(s)

Date

PURCHASER'S INFORMATION

I am aware of the above odometer certification made by the seller(s).

Name of purchaser(s)

Signature of purchaser(s)

Address of purchaser

